

ELECTRONIC RESOURCES REVIEWS

ClinicalKey. Elsevier, 1600 John F. Kennedy Boulevard, Suite 1800, Philadelphia, PA 19103-2879; <https://www.clinicalkey.com>; 800.401.9962 (individuals, US), 888.615.4500 (institutions, US); ck.info@clinicalkey.com.

ClinicalKey is, as the name implies, a product aimed at clinicians, specifically physicians. Elsevier has configurations aimed at individual clinicians and a comprehensive product aimed at institutions. All products are centered around the “core resources,” which include the 24th edition of *Cecil Medicine*, *First Consult*, numerous patient education materials including those from the American Academy of Family Physicians, a drug resource (Gold Standard), guideline summaries, clinical trials (both completed and active from ClinicalTrials.gov), and MEDLINE. At the time of this review (May 2013), the product has 542 journals, 1,104 books, 4,349 guidelines, 2,939 drug monographs, 9,122 patient education handouts, 18,209 videos, and 4,003,172 images.

Individuals can subscribe to specialty packages that range in price from \$499–\$749. Institutions can also buy the specialty packages a la carte. However, depending on institutional needs, it might be more economical to purchase the entire product. Depending on the specialty, the package can add anywhere from 2–31 journal titles and 7–23 book titles. Some also add a few “Expert Consult Videos” to the core resources. Some of the specialties have “Extended” versions available in the \$1,098–\$1,248 range. These contain significantly more journal and book titles. For example, the internal medicine package adds 6 journals and 9 books, while the extended version adds 38 journals and 27 books.

Search interface and features

ClinicalKey is designed for physicians, not professional searchers. It has a Google-like search box with no advanced search options, and searches return Google-esque results. Search terms are mapped to synonyms; for example, a search for “VTE” maps to “venous thromboembolism,” and the system confirms

that this is the desired term rather than “vinyltriethoxysilane.” The first 10 results (of 17,856) are then displayed. The default sort is by relevance, but users can choose to sort by date. The relevance ranking system seems to work. Limiting results is extremely easy. The left column has 4 categories of limits: Study Type, Date, Specialty, and Content Type (which is expanded as the default limit). For example, it only takes 3 clicks to find the guidelines linked to the hematology, oncology, and palliative medicine specialties. The searcher ends up with a much more manageable set of 9 results that include the American Society of Clinical Oncology’s 2008 guideline and the European Society for Medical Oncology 2011 guideline. The National Comprehensive Cancer Network’s 2012 guideline was missing.

One of the more useful features is Presentation Maker, which allows users who have registered for a personal account to export images, graphs, and charts to PowerPoint. It also includes any related text and the proper attribution for an image, graph, or chart. The more than four million images that have been gleaned from Elsevier’s publications are a treasure trove for presentations.

Personal accounts also allow users to save searches, create reading lists, and request continuing medical education (CME) credit.

Problems and limitations

The content type limit may be confusing to some users. The options include journals and MEDLINE, but the difference between these two is not obvious. The citations look identical, but the “Journal” tag is used when full text is available in ClinicalKey, while the “MEDLINE” tag is used for all citations available in MEDLINE (these contain the citation and abstract from MEDLINE with a link to the PubMed record). Users might click on the journal facet, thinking they are limiting their searches to all journal articles in the system, when in fact they are getting only the subset for which full text is included.

The full-text display is also confusing, especially for books and monographs. Search terms are not highlighted, and there is no other

indication of which section of a chapter or monograph includes the search terms. For example, when a search for a drug name leads to a drug monograph, it is not immediately clear whether the result describes therapeutic uses of the drug or contraindications. Searching over a thousand medical texts at once is phenomenal, but not if additional work is required to find the real value in those texts.

The export options for selected citations are inadequate. One can print or email citations that include the title of the chapter or article and the title of the book or journal, but authors, years, volumes, and issue numbers are not included. There is no way to export citations into reference management software, which will be a problem for researchers or clinicians who want to publish. Product specialists at Elsevier have indicated that this functionality will be added in a future release.

Summary and conclusion

The future of ClinicalKey is drifting toward the point-of-care market. Elsevier has recently released a beta version of a new feature called “Vitals.” The beta version focuses on surgery and includes content from the Clinics collections of review articles. The main ideas from these articles are available in an easy-to-read bulleted format, along with key charts and graphs to make the item more clinically useful. Oddly, the results display the date that the item was loaded into the system rather than the date of revision or review. The revision date is included when viewing the full text of the article.

ClinicalKey is Elsevier’s most recent version of the “big deal.” It covers a slew of good quality publications, but its price tag may end up putting many hospital libraries in a financial bind. This product is intended to take the place of MD Consult, which provides many core information sources at a more affordable price. The price and scope of ClinicalKey may place it beyond the reach of some libraries, forcing them to give up either the valuable resources currently in MD Consult or other gold standard publications that do

not have the Elsevier imprint. A much better solution for many hospital libraries would be an "Extended Core" version of ClinicalKey that contains content similar to what is currently in MD Consult, so hospital libraries do not have to make an all-or-nothing choice when MD Consult is retired at the end of 2014.

*Laura Brown, MLS,
laurabrown@coh.org, Lee Graff
Medical & Scientific Library, City of
Hope, Duarte, CA*

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Online Guided Gross Anatomy Dissector. Sinauer Associates, 23 Plumtree Road, Sunderland, MA, 01375; 413.549.4300; publish@sinauer.com; <http://www.onlinedissector.com>; individual subscriptions: \$59.95; institutional subscriptions: 20 concurrent seats \$750.00, additional blocks of 5 seats \$187.50; institutional unlimited site license for 1 campus: \$10,000.

Content

Online Guided Gross Anatomy Dissector is a photographic and multimedia resource that provides step-by-step instruction on the efficient dissection of human cadavers. It was created in 2011 by Carlos A. Suárez-Quian, an award-winning anatomy instructor at Georgetown University. The level of instruction speaks primarily to the novice learner, such as the first-year undergraduate medical student, but it may be useful for anatomy students in higher levels of study. The resource is designed to enhance a traditional lecture-style anatomy course by providing guided video demonstrations as opposed to text-based learning. Given the practical nature of dissection, this portable multimedia resource offers a clear advantage over textual guides.

The Online Dissector is organized in a logical manner according to

body region and includes a table of contents. Each regional section contains photos, videos, and self-test modules. There are more than 2,000 photos, 41 videos, and 327 self-testing "flash cards" in total. It currently lacks a video search; therefore, a video list would be extremely useful. Sample images, videos, and instructor materials are available at <http://www.onlinedissector.com/sample/>.

The modules are designed to support self-directed learning. The author provides a very helpful orientation on how to use the resource and an excellent preparatory video about implements for dissection and cutting techniques. At the beginning of each module, the student is given learning objectives and is told what will be dissected, how it will be dissected, and which features will be identified. The author has excellent communication skills and teaches in a calm and deliberate manner. He assumes no prior knowledge and identifies physiological landmarks to help guide the novice dissector.

The quality of the video and photographs is very good, and the product includes a zoom function that allows significant magnification. Photographs appear in separate windows that can be toggled. On occasion, the toggling malfunctions and multiple panes can appear. Photographs are not labeled as anterior or posterior, and clear labeling would be helpful in some cases. Videos are presented in a clear and concise manner, which makes them amenable to viewing during dissection in the anatomy lab. They are excellent learning tools. Unfortunately, deep linking at the video level is not available.

Navigation of the resource is very intuitive, although once in a while the navigation buttons disappear and the screen needs to be refreshed. One minor barrier to access is the authentication method. An institutional user is required to complete two click-throughs to access the resource. Clicking multiple times to

access the site license seems inconvenient, and it would be much easier if the user could access the full content after their Internet protocols (IPs) have been authenticated. Users are automatically logged out after thirty minutes of inactivity, which allows equitable access to the resource if an institution chooses to license by concurrent seats.

Technical requirements

The product works on web browsers that are HTML 5 compliant, such as Internet Explorer 8, Firefox 3.6, and Safari 5. Adobe Flash player is required or a browser that supports HTML 5 video. It was tested on both iPad and iPhone.

Comparison to other products

Several multimedia products on the market are designed to complement a lecture-based anatomy curriculum; for example, Anatomy TV, Visible Body, and a multitude of apps. Online Dissector is unique because it teaches the dissection of human cadavers and focuses on efficient use of tools and cutting techniques. Several medical schools offer free dissection videos through YouTube (University of Michigan, University of Wisconsin), but these videos are of poor quality when compared to Online Dissector. Although these free videos are didactic in nature, they are not well organized or indexed, do not include training on instruments and cutting techniques, and lack self-test modules. The Online Guided Gross Anatomy Dissector is a good addition for universities that include cadaver dissection as part of their anatomy curriculum. The content combined with its reasonable price makes it an appealing choice for libraries.

*Andrea E. McLellan, MLIS,
mclell@mcmaster.ca, Health Sciences
Library, McMaster University,
Hamilton, ON, Canada*

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